2411 N. Charles St., Baltimore

E OF DEATH

4800

116

3. (b) Social Security Number

. PLACE OF DE	ester		2.
Hy or town Can		limits, write RURAL and give nearest town	State
low long in above place	of death? 17	Years	Cily
lospital, institution, or	street address where	death occurred: rland Hospital	Stre
	r	Days	11
low long in hospitat or		200	2.(a
B. (a) FULL NAM	E	Hattie M. Clayto	n Brook
			II DI-OC
I, Sex	5. Color or race	8.(a)Single, married, widowed, or divorced	
Female	White	Married	20, 1
	Gles	ner Neild Brooks	21.
B.(b) Name of husband	UI 4110		
I. Sirth date of			years and
	C	11() 7000	
deceased (mo., day,)	m) Sept.	20, 1888	Imm
deceased (mo., day,) B. AGE: Years	Months	Days It less than one day	
deceased (mo., day,) B. AGE: Years 59 B. BirthplaceHOO	Months 3 persvill (Town	Days It less than one day 17 hrs. e, Dor. Co., IId., county, and state)	
deceased (mo., day, y B. AGE: Years 9. BirthplaceHOO 10. Usual occupation 11. Industry or busines 12. Name	persyill Town Domestic Own Hon hn M. Cl Maryland	Days 17 Hess than one day 18 Hess than one day 19 Hess than one day 19 Hess than one day 10 Hess than one day 11 Hess than one day 11 Hess than one day 12 Hess than one day 13 Hess than one day 14 Hess than one day 15 Hess than one day 16 Hess than one day 16 Hess than one day 17 Hess than one day 18 Hess than on	min. Oue to Due to Other
deceased (mo., day, y 88. AGE: Years 599. B. BirthplaceHOO 10. Usual occupation 11. Industry or busines 12. Name	persyill Town Domestic Own Hon hn M. Cl Maryland	Days 17 Hess than one day 18 Hess than one day 19 Hess than one day 19 Hess than one day 10 Hess than one day 11 Hess than one day 11 Hess than one day 12 Hess than one day 13 Hess than one day 14 Hess than one day 15 Hess than one day 16 Hess than one day 16 Hess than one day 17 Hess than one day 18 Hess than on	Due 1
deceased (mo., day, y 88. AGE: Years 599. B. BirthplaceHOO 10. Usual occupation 11. Industry or busines 12. Name	persyill Town Domestic Own Hon hn M. Cl Maryland	Days 17 Hess than one day 18 Hess than one day 19 Hess than one day 19 Hess than one day 10 Hess than one day 11 Hess than one day 11 Hess than one day 12 Hess than one day 13 Hess than one day 14 Hess than one day 15 Hess than one day 16 Hess than one day 16 Hess than one day 17 Hess than one day 18 Hess than on	Due 1
deceased (mo., day, y 88. AGE: Years 599. B. BirthplaceHOO 10. Usual occupation 11. Industry or busines 12. Name	persyill Town Domestic Own Hon hn M. Cl Maryland	Days 17 Hess than one day 18 Hess than one day 19 Hess than one day 19 Hess than one day 10 Hess than one day 11 Hess than one day 11 Hess than one day 12 Hess than one day 13 Hess than one day 14 Hess than one day 15 Hess than one day 16 Hess than one day 16 Hess than one day 17 Hess than one day 18 Hess than on	Due 1
deceased (mo., day, y 8. AGE: Years 59 9. Birthplace HOO 10. Usual occupation 11. Industry or busines 12. Name JO 13. Birthplace 14. Maiden name. 15. Birthplace 16. informant Mr.	persvill Crown Domestic Own Hom hn M. Cl Maryland Mary L. Maryland Glesner	Days 17 Hess than one day 17 hrs. e, Dor. Co., Md. , county, and atate) le ayton l Simmons l Brooks	Due t
deceased (mo., day, y 8. AGE: Years 59 9. Birthplace HOO 10. Usual occupation 11. industry or busines 12. Name 12. Name 13. Birthplace 14. Maiden name 15. Sirthplace 16. informant Mir o Address Ca	months 3 persvill (Town Domestic Own Hom hn M. Cl Maryland Mary L. Maryland Glesner mbridge	Days Hiess than one day 17	Due to their Major PHY
deceased (mo., day, y 8. AGE: Years 5.9 9. Birthplace HOO 10. Usual occupation 11. Industry or busines 12. Name JO 13. Birthplace 14. Malden name 15. Birthplace 16. Informant Nr o Address Ca (Burial, cremation	persyill (Town Domestice Own Hom hn M. Cl Maryland Mary L. Maryland Glesner mbridge	Days Hiless than one day 17 hrs. hrs. e, Dor. Co., IId. e, county, and atate) 10 ayton Simmons Brooks Maryland Date thereof Jan. 10 1	Due to their Major Aute PHY
deceased (mo., day, y 8. AGE: Years 5.9 9. Birthplace HOO 10. Usual occupation 11. Industry or busines 12. Name JO 13. Birthplace 14. Malden name 15. Birthplace 16. Informant Nr o Address Ca (Burial, cremation	persyill (Town Domestice Own Hom hn M. Cl Maryland Mary L. Maryland Glesner mbridge	Days Hiless than one day 17 hrs. hrs. e, Dor. Co., IId. e, county, and atate) 10 ayton Simmons Brooks Maryland Date thereof Jan. 10 1	Due to their Majo
deceased (mo., day, y 8. AGE: Years 59. 9. Birthplace HOO. 10. Usual occupation 11. Industry or busines 12. Name JO. 13. Birthplace 13. Birthplace 15. Birthplace 15. Birthplace 16. Informant No. Address Ca. 17. Burial, cremation Cemetery or cremate	months 3 persvill (Town Domestic Own Hon hn M. Cl Maryland Mary L. Maryland Glesner mbridge, or removal Which	Days Hiess than one day 17 hrs. e, Dor. Co., Md eounty, and atate) le ayton Simmons Brooks Maryland Bate thereof Jan. 10, 1 (month) (day) (year) Ster Memorial Park	Due to their Major Autor PHY 24.8 Accie Wher
deceased (mo., day, y 8. AGE: Years 59. BirthplaceHOO. 10. Usual occupation 11. industry or busines 12. NameJO. 13. Birthplace 14. Maiden name 15. Birthplace 16. informant	Months 3 persyill (Town Domestic Own Hon hn M. Cl Maryland Mary L. Maryland Glesner mbridge, or removal Which y Dorches bridge,	Days Hiess than one day 17 hrs. hrs. e. Dor. Co., Md., eounty, and state) he ayton Simmons Brooks Maryland Date thereof Jan. 10, 1 hrs. Haryland Bate Memorial Park Maryland Maryland Maryland Maryland he Maryland he Maryland he Maryland he Maryland he he Maryland he he he he he he he h	Due to the to th
deceased (mo., day, y 8. AGE: Years 59 8. Birthplace HOO 10. Usual occupation 11. Industry or busines 12. Name JO 13. Birthplace 14. Maiden name 15. Birthplace 16. informant Mr Address Ca (Burial, cremation Cemetery or crematic Location Cam 18. Funeral director	months 3 persyill (Town Domestic Own Hon hn M. Cl Maryland Mary L. Maryland Glesner mbridge, or removal Which my Dorches bridge, LeCompte	Days Hiess than one day 17 hrs. e, Dor. Co., Md eounty, and atate) le ayton Simmons Brooks Maryland Bate thereof Jan. 10, 1 (month) (day) (year) Ster Memorial Park	Due 1 Due 1 Other Major Aute PHY Accid When

2. USUAL RESIDENCE (HOME (For newborn infants give residence	
State Maryland	County Dorchester
Cily or town Cambridge (If outside etty or town li Street No. 208 Locust	mits, write RURAL and give nearest town)
	give LOCATION)

	-	-	-	-
1				

MEDICAL CERTIFICATION

D. DATE OF DEATH	January	7, 19	48 ,21	3:30P
1. I CERTIFY that death occu	greed on the date above			
nd that I last saw h.S.A	alive on a	mary		19.48
mediate cause of death		unon		DURATION
ue 10. Alexa	career	terus)	-6)	
ue to				
her conditions	me			•••••••••••
(Ineiude pr	egnaney within 3 mor	ths of death)		
ajor findings of operations		Date of	op	•••••••••••
utopsy results HYSICIAN: Please uuderli			charged stati	sticalty.
2. VIOLENCE: It death wa	s due to external causes	, till in the following	18: luc).
ccident, sulcide, or homicide	L	Dale	St	***********************************
here did Injury occur?	(City or town)	(County)	(S	tate)
jured at home, farm, Indust	ry, public place (where	?)		
eans of injury		Injured at w	ork?	
X	m/			

PLEASE



2411 N. Charles St., Baftimore

131a

00437

CERTIFICATE OF DEATH

Reg. Dist. No. // 6

1. PLACE OF DEATH: county Dorchester Cambridge	- I Marriand Innehagian
City or town. Cambridge (If outside city or town limits, write RURAL and give neares Life How long in above place of death? Life Hospital, institution, or streef address where death occurred: Cambridge, Maryland Hospital How long in hospital or institution?	Cambridge (If outside city or town limits, write RURAL and give nearest town) High ?ST. (If rural, give LOCATION) 2.(a) If veleran, name war.
3.(a) FULL NAME James Benjamin 1	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or div	MEDICAL CERTIFICATION January 7, 1948 of 10:50
6.(6) Name of husband or wife Florence P. Brown 7. Birth dafe of deceased (mo., day, yr.) Aug. 19, 1886	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from 19
8. AGE: Years Months Days If less than one day 61 4 18hrs	Immediate cause of death (1) Transgrussing recursions 5 day min. Original Transmissions 5 day
9. Birthplace. Cambridge, Maryland (Town, eounty, and atate) 10. Usual occupation. Post Office Employee 11. Industry or business U. S. Mail 12. Name. George R. Brown 13. Birthplace Maryland 14. Malden name. Catherine Mowbray 15. Birthplace Maryland	(3 Reale anestica due to respetite of
Address Cambridge, Maryland	Autopsy results. PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Burial Date thereof Jan. 9. (Burial, cremation, or removal. Which?) (month) (day Christ Church Cemeter) Location Cambridge, Maryland 18. Funeral director, LeCompte's Funeral Ser	Where did fnjury occur?
Address Cambridge, Maryland. 19. 19. 19. 48 John Maryland. (Date rec'd by registrar)	23. SIGNATURE MONIFESCO M.D. or other Registrar Address Assetted M.D. Date signed (Cont. 7, 4)



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 00438

CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH Dorchesten	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State / Ayy And Gounty / Orchester
City or town. (If outside city or town limits write RURAL and give nearest town)	State / / dry / drd county / orchester
How long In above place of death? About 10 days	City or town
tospital, institution, or street address where death occurred:	
Campridge Md. Hospital	Street No. (If rural, give LOCATION)
How long In hospital or Institution? About 10 days	2.(a) If veteran, name war.
3. (a) FULL NAME	
John Wesley	Cephas 3.(b) Social Security Number
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorces	MEDICAL CERTIFICATION
Male Negro Widowed	20. DATE DE DEATH. // 6 / 19 19 19 19 19 19 19 19 19 19 19 19 19
0	
6,(b) Name of husband or wife	21. I CERTIFY that death occurred of the date above stated; that I attended deceased from
6.(c) thalive, give age vear	19. 19. 10. 19. 19.
T. Birth date of NAV 5 1876	and that I last saw harman slive on 19.7
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
mi m n	Loyenia / Weak
// 2/hrsmin.	
9. Birthpiace Huylock Dor. Colld	Due to Infection of by Ywess
10. Usual occupation Fireman	
	Due to
12. Name Un Knovv/n	Other conditions Market Casternation
13. Birthpiace	(Include pregnancy within 3 months of death)
14. Maiden name UNKNOWN	
	Major findings of operations.
	- Date of op.
16. Informant Nys James Hopkins	Anlopsy results.
Address Hurlock Dor. Co Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?), Date thereot Jan 9 1944	Accident, suicide, or homicide
cemetery or crematory VV ashington Cem.	Where did Injury occur?
Howlast Det Dor Cally	
Localion John Control	Injured at home, farm, Industry, public place (where?)
18. Funeral director M. M. Atlacra Jon	Means of Injury Injured at work?
1 Sto i Mil	7 2 0 1 12
Address January 199	23. SIGNATURE Jollan Rever Hill
18 Saw 8. 18 48 toan march n	M. D. or other
(Date rec'd by registrar) Registrar	Address

JAN101948.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15 SA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

			116
Reg.	Diat.	No.	116

1. PLACE OF DEATH: County Dorchester				2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of		
City or town Cambridge Md (If outside city or town limits, write RURAL and give nearest town)				State Maryland County Talbot		
(If out	side city or town 7	imits, write H	URAL and give nearest town)	City or town Easton		
How long in above place of Nospital, institution, or st	death? ZZ J	13. 1	mo. 3 days	(If outside city or town limit	s, write RURAL and give nee	rest town)
			tal	Street No		
	stitution?	y.r.s	mo. 3 days	2.(a) it veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
Bessie	Chaplain	1			unknown	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
female	white	S	ingle	20. DATE OF DEATH January 14	19. 48.	,at.10:50p.a
- 41 1 1 1 1	14-			21. I CERTIFY that death occurred on the date ab	ove stated; that t attended dece	ased from
6.(b) Name of husband or				January 19	47 to January	1948
T. Birth date of		6.(c) If alive, give ageyears	and that I last saw h er alive on Janu		
deceased (mo., day, yr.)	1871			Immediate cause of death		
8. AGE: Years	Months	Days	It less than one day	Cerebral Hemorrhage		
77			hrsmin.		y	
10. Usual occupation 11. industry or business	housewi	fe). Chap	lain	Due to	ic cardio-	
E	Dorothy B	Polle				
14. Maiden name	MWW.WWWAYT	3 a	***************************************	Major findings of operations		
₹ 15. Birthplace S	t. Michae	TS			Date of op	
16. Informant Easte	ern Shore	State	Hospital Records	Actopsy resolts	hich death should he charged	statistically.
11 Burio	l	Date the	eof (month) (day) (year)	22. VIOLENCE: If death was due to external ca		
(Burial, cremation, o	Skrins	hill	Geneters	Where did injury occur?(City or town)	(Canada)	(24040)
-	4 / 13	20.0	7			
Location Eas		7709		injured at home, farm, industry, public place (
18. Funeral director	Truma	m 4	Harrow	Meens of Injury	injured at work?	
Address		riche	els md	23. SIGNATURE	Made	Ma
. 1-13	5- 19 ⊀8	00	he mary min	23. SIGNATURE Grace M. Brans	OUILDO	or other
(Date rec'd by regis			Registrar	Address E.S.S. H. Cambridge	MQ . Date signed.	1/15/48



CERTIFICATE OF DEATH

		es St., Baltimore 940
	CERTIFICAT	TE OF DEATH Reg. Diat. No. 11 4
1. PLACE OF DEATH: County Dorchester City or town Cambridge (If outside city or town limits	s, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Cambridge (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 53 Hospital, institution, or street address where deat 203 Academy St. How long in hospital or institution?	n occurred:	(If outside city or town limits, write RURAL and give nearest town) Street No. 203 Academy Street (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME		3. (b) Social Security Number
	eorge W. Dail	o. (b) Social Security Ivanion
4. Sex 5. Color or race White	6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH January 27, 19 48 21 9:1
6.(b) Name of husband or wife. Ida Al 7. Birth date of deceased (mo., day, yr.) Feb. 22		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 10 10 11 12 11 19 11 11 11 11 11 11 11 11 11 11 11
8. AGE: Years Months 81 11	Days If less than one day 5hrsmin.	Immediate cause of death DURA To voice of Occlusion 15
9. Birthplace RFD # 3. Dor (Town, could be used occupation Plumbing) 11. Industry or business General	• Co • Maryland •	Due to
To housery or business delicitation of the state of the s		Dither conditions
14. Malden name Mary Thomas 15. Birthplace Maryland	a.s	(Include pregnancy within 3 months of death) Major findings of operations. Date of 00.
18 Informant Mrs. Ida Dai		Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial (Burial, cremation, or removal, Which?) Cemetery or crematory Cambrids	Date thereof Jan. 29, 1948 (month) (day) (year) ge Cemetery	22. VIOLENCE: 11 death was due to external causes, 1111 in the following; Accident, suicide, or homicide
Location Vambridge, 1		Injured at home, tarm, industry, public place (where?) Meens of injury Injured at work?
Address Cambridge, Ms		23. SIGNATURE Eldrifer Hevolf R
19. Jan 29. 19 48 (Dute Fee'd by registrar)	John Mace of mic Registrar	Address Cambridge Md. Bate Signed 1-22

MARGIN RESERVED FOR BINDING

VS A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consense is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

9.43

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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FRT	IFICAT	'E OF	DEA	TH	

				FICAI	E OF DEATH Reg. Diat. No	//6
How long in above place of Hospital, tristitution, or str	ambridg death? Sev eet address where 1 Prest	e imits, write R eral p death occurred on Lev	URAL and give nearest in months Wis near	town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State. Maryland County Somerset Crisfield (If outside city or town limits, write RURAL and give nea Street No. Maryland Ave. (If rural, give LOGATION) 2.(a) If veteran, name war.	1
3. (a) FULL NAME	JOHN	DORMA	N		3. (0) Social Security	Mumber
4. 001	White	Di	s, married, widowed, or divord vorced	ced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Jan. 1 19. 48.	
6.(b) Name of husband or	WII 6		Pruitt) If alive, give age	vears	21. I CERTIFY that death occurred on the date above stated; that I attended december 21. I CERTIFY that death occurred on the date above stated; that I attended december 21. I CERTIFY that death occurred on the date above stated; that I attended december 21. I CERTIFY that death occurred on the date above stated; that I attended december 21. I CERTIFY that death occurred on the date above stated; that I attended december 21. I CERTIFY that death occurred on the date above stated; that I attended december 21. I CERTIFY that death occurred on the date above stated; that I attended december 21. I CERTIFY that death occurred on the date above stated; that I attended december 21. I CERTIFY that death occurred the date above stated; that I attended december 21. I CERTIFY that death occurred the date above stated that I certify that death occurred the date above stated the date above stated that death occurred the date above stated that death occurred the date above stated the date above	X 19
7. Birth date of 1909 deceased (mo., day, yr.)			d to be 39		and that I last saw h	
8. AGE: Years 39	Months	Days	If less than one day	min.	Disease of Coronary Arte	
9. Birthptace	(Town, Sail	county, and	-Somerset-	Nd.	Due to Chronic Alcoholism	severa years
11. Industry or business 12. Name	Merc John	hant Dorm	Marine an County, Md		Dither conditions	
14. Maiden name	Cris	y Mor	, Ad.		(Include pregnancy within 3 months of death) Majar fiadiass af operations	
16. Informant	Cris	field			Antapsy results	statistically.
17(Burial, cremation, or Cemetery or crematory.	Cris	field field	of Jan 3, 1 (month) (day) Cemetery , Md.	948 (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	(State)
18. Funeral director	н. н	arvey field	Bradshaw, Md.	Registrar	Mesns of Injury 23. SIGNATURE: Address: Cambridge, Md. Date signed.	f Can or other Jan. 1/48



Management and the state of the

MS1-29-6 GT

PLEASE WRITE

VS A15 9.4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00442

CERTIFICATE OF DEATH

Reg. Diat. No. 112

1. PLACE OF DEATH:	2. USUAL PESIDENCE (HOME) OF DECEASED: (For newborn infants give realdence of mother)
County Bocchester	State Md County Dorchester
(If outside city or town limits, write RURAL and give nearest town)	City or iown. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
nospital, institution, of states and states are states and states are states and states and states and states are states are states	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Gerunel Geese	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white widower	20. DATE OF DEATH (Demuary 29 1048 .1 6:00A
S.(b) Name of husband or wife	21. I CERTIFY that death incorred on the date above stated: that I attended deceased from
	1976 10 Shirts 1970
7. Birth date of deceased (mo., day, yr.) 057 21 1869	and that I last saw h And alive on 19 TO
8. AGE: Years Months Days It less than one day	Impeliaic cause of death
7 / 3 / 8hrsmin.	
Penns	Que to Kronic Myscardial Spranation 5 yr
9. Birthplace	
10. Usual occupation	Due to General Werrosclerosia 3 gra.
11. Industry or business	A - A JO M +
12. Name Jewy Juse 13. Birthplace Jewy	Ditter conditions duricular duribation figure
	(Include pregnancy within 3 months of death)
14. Maiden name lelare 3 twman	Major findings of operations.
S 15. Birthplace Leur	Date of op.
16. Informant Howard Guese	Autopsy results
Address Tuina	PHYSICIAN: Please underline the cause to which death should be charged statistically.
13 Burial Date Hereot Daw 21 194	22. VIOLENCE: It death was due to external causes, fill in the following:
(Buyar cremation, or removal Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did Injury occur?
Location Jackson P. D. Control of the Control of th	Injured at home, farm, industry, public place (where?)
18. Funeral director 5 / ellow 7 lely	Means of Injury Injured at work?
Address Sterresco	(JOHarrison MD
land 21 115 Elizabeth Dans	23. SIGNATURE. M. D. or other
(Date ree'd by registrar)	Address Mulock Malate signed 29 48



PLEASE WRITE PLAINLY, is especially

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00443

CERTIFICATE OF DEATH

Reg. Dist. No. 116

	Koy, Dist. No
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (Bor newborn infants girl residence of mother) State Couoly City or town (If outside city or town limits, write BUKAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME	0 (1) 0 . 10 . 17 1
Oliver Treenwell	3. (b) Social Security Number
4. Sex 5. Color or pace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH. Jan 77 1948 at 2 P.
6.(b) Name of husband or wife Maurie 5. Tregoe 6.(c) If alive, give age 74 years 7. Birth date of deceased (mo., day, yr.) Oct 21 - 1869	21. I CERTIFY that death occurred on the date above stated; that attended deceased from 19.47 to 19.47 and that I last saw h 4.57 alive on 19.47 Immediate cause of death 2 DURATION
8. AGE: Years Months Days If less than one day 78 3 hrs. min. 9. Birthplace (Town, county, and state)	Due to 2 Due
	Due to
11. Industry or business 12. Name	Other conditions Theretas Jupe 3
14. Malden name Frances Dervard 15. Birthplace Vor	(Include pregnancy within 3 months of death) Major findings of operations.
∑ 15. 8irthplace	Date of op.
16. Informant Mrs Marcel Freewoll	Autopsy results
B 1/25/4	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Burlal, cremation, or renoval. Which?) Cemetery or cremates: Date thereof (month) (day) (year)	Where did injury occur?
Location last / bew/ Market, ma	Injured at home, farm, Industry, public place (where?)
18. Funeral director Kerwith R. Thomas	Meens of Injury Injured at work?
Address Cambridge, and	- 30 SIGNATURE HEIGH Brown SALD
19. (Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Brunbridge Mld Date signed 123/48



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00444

CERTIFICATE OF DEATH

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	1100
1. PLACE OF DEATH: Warchusler County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give yestdene of mother) State
How long to above place of death?	City or town (If outside city or town limits, write-RURA) and give nearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Elizabeth It. Itac	keth 3. (b) Social Security Number
4. Sex 5. Color or fact 8. (a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE DF DEATH. 3 1/1:00
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I aftended deceased from
7. Birth date of deceased (mo., day, yr.) april 12, 1889	and that I last saw harmalive on 1945
8. AGE: Years Month Bays If less than one day hrs. min. 9. Birthplace Wilson Barre Fa.	Due to.
10. Usual occupation	Due 10
12. Name dwast . Humel 11. 13. Birthplace	Other conditions
14. Maiden name Heavette lest name unhurse 15. Birthplace Pa.	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant Www. H. Hackett Address 313 Oakley St., Cambridge	Autopsy results
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Completely or Completely Constitution of Completely or Com	Where did injury occur?
18. Funeral director. Recuelt F. Showeds Address Address	Means of Injury Injured at work?
19. Jan. 15. 19 18 John Mace of Me Registrar	23. SIGNATURE M. D. or other Address Date signed // 4/45

William World

-3.

JAN17 1948

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

PLEASE

VS A15

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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- 1	710

CERTIFICATE OF DEATH

	111
Reg Dist No	116

1. PLACE OF DEATH: County Letter	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospitat, institution, or street address where death occurred:	Street No. (If rural, give LOCATION)
How long In hospital or institution?	2.(a) th veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
dorsey tack	801
1. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced Mule Colored Suger	MEDICAL CERTIFICATION 20. DATE OF DEATH January 3/8: 004.
8,(b) Name of husband or wife	21. I CERTIFY that seath occurred on the sale above stated; that I attended deceased from
T. Birth date of O 7 10 8 (and that I last saw head it in a rival g 18
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death alaga his language DURATION
62 0 28min.	Ligge funts 10 min 3
9. Birthplace Church Creek Streletter Co. Md. (Town, county, and state)	. Due to f Cought in berning)
10. Usual occupation. 22522	Due to
11. Industry or business	0 0 0
12. Name affect foolson Md.	Other conditions fatalese 4-508?
	(lpeude pregnancy within 3 months of death)
14. Maiden name alics Jockson 15. Birthplace Becker eth, Necle, No.	Major findings of operations. Date of op.
18. Informant Iscal Jackson + Dorchtures Weefors Be	Autopsy results 20000
Address 163 Washington St Cambriles Mit	PHYSICIAN: Please noderline the cause to which death should be charged statistically.
17 Burial Bate thereof 2/2/48	22. VIOLENCE: If death was due to external causes, will in the following: Accident, suicide, or homicide.
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did inly occur? Cambridle, Ottobeater Mascland
Cemetery or crematory.	(City or town) (County) (State)
Location Land Control of the Control	Msens of Injury Fire Injured all work? 200
18. Funeral director	FOR 16 POLL 140
Address Combibly, Med.	23. SIGNATURE CONTROL OF THE CONTROL
19. (Date rec'd by registrar) Registrar	Address California & Mil Date signed 2 248



2411 N. Charles St., Battimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Wm. Steert ake	3. (b) Social Security Number 217-03-5257
4. Sex 5. Color or pace. 6. (a) Single, married, widowed, or divorced Wester	MEDICAL CERTIFICATION 2B. DATE OF DEATH. 21.12:55
6.(b) Name of husband or wife 6.(c) If allive, give age years 7. Birth date of deceased (mo., day, yr.) 1. V - 1910	21. I CERTIFY that death occurred on the date above stated; that i stiended deceased from 19. 7. 10. 19. and that I last saw h
8. AGE: Years Months Days If fess than one day	Due to.
11. Industry or business 12. Hame	Other conditions
16. Informani	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 409 Date thereof. (month) (day) (year) Cemetery or Crematory.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director Cauchy Ma Address Cauchy Ma 7- 48 As many many	Injured at home, farm, Industry) public place (where?) Means of Injury 23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed 7-15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00447

CERTIFICATE OF DEATH

Reg. Dlat. No. // Ca

County. Doro hester City or town. Cambo idge, Maryland (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death? 4 years Hospital, institution, or street address where death occurred:	City or town
3. (a) FULL NAME	3. (b) Social Security Number
Harris Table fond	J. (U) DUCINI DECIMINY AMERICA
Harry Lankford 4. Ses 5. Color or Face 6.(a) Single, married, widowed, or divorced Male Colored Single	MEDICAL CERTIFICATION 20. DATE OF DEATH JAMASY 19 4 8 21 22:15 A
8.(6) Name of husband or wife	21. I DERTIFY that weath occurred on the laste above stated; that I attended deceased from
8. AGE: Years Months Days It less than one dayhrsmin.	Immediair canse of death Henricage Hay
9. Bir1hplace	Due to Sen 7 8 y pullersein 18 mm
E 12. Name John Lankford 13. Birthplace Maryland	Dither conditions
14. Maiden name Henritta Terpin 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant Charles Lankford Address Cambridge, Maryland	Autopsy results
17. Burial Date thereof Jan. 3, 1948 (Burial, cremation, or removal. Which?) Cemetery or crematory. (month) (day) (year)	22. VIOLENCE: If death was dus to external causes, fill in the following: Accident, suicide, or homicide
Location Cambridge Mary b/nd	Injured al home, farm, industry, public place (where?)
18. Funsral director Lewis H. Bayneuam	Means of Injury Injured at work?
Address Cambridge Marva nd	23. SIGNATURE COULD MATCHES M. D. or other
19. (Date rec'dly registrar) 19.11 Janua More Programme Registrar	12- TT. 1 Ch 12-31112



9-45-15M A15

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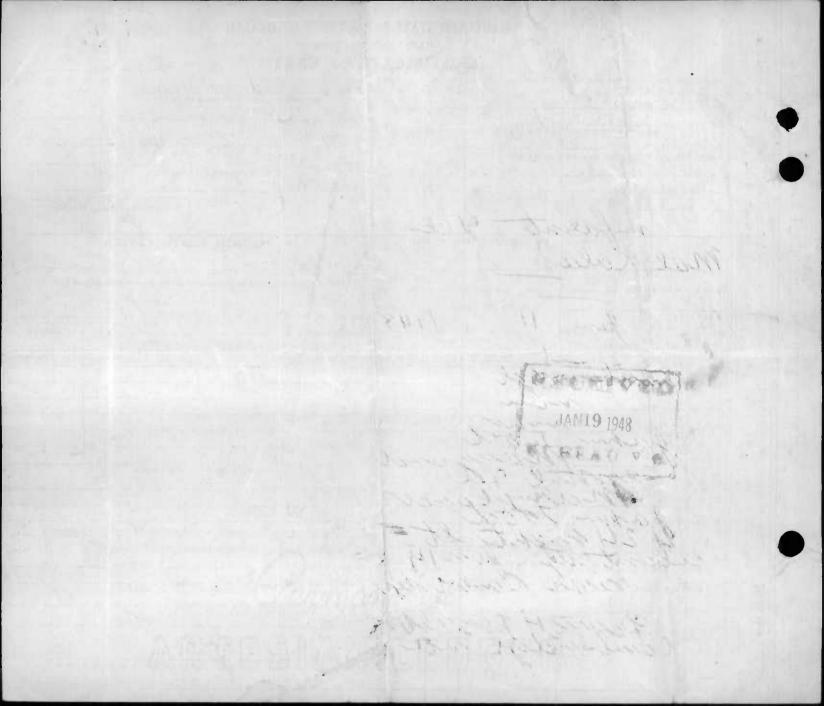
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Out of the second of the secon	State marchael county Someharter
City or town. Galling (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of dealh?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
Euchidge Maryland Harpite	(If rural, give LOCATION)
How long in hospital or tasilitation?	2.(a) II veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
purhalint Ill	
4. Sex 5. Color or race 6.(a) Single, married, Widowed, or divorced	MEDICAL CERTIFICATION
Male Colored -	20, DATE DE DEATH 1-// 1848 11:05 PM
	21. I CERTIFY that death occurred on the date above stated; that I Atlanded deceased from
6.(6) Name of husband or wile	ton 1/ 1948 10 law 11 1948
7. Birth dale of	and that I last saw h. A.M. alive on
deceased (mo., day, yr.) King	Immediate cause of death Duration
8. AGE: Years Months Days If less Ihan one day	(remalurity
hrsmin.	
Cans Suidak M	Due I o.
(Town, county and stote)	012 10
10. Usuat occupation.	
11. Industry or business	Due 10
	Diher conditions
12. Name of China String 12. Name of China Str	
	(Include pregnancy within 3 months of deoth)
14. Malden namo apprile 4001 15. Birthplace FN-army & prov	Major findings of operations
E 15. Birthplace	Date of op.
16. Informant & Q. Aller & 9000	Autopsy results
Address of 24 brillets Lt	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A Day The Marso 1 Ho 10	P2, VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Dale lhereol. (month) (day) (fear)	Accident, suicide, or homicide
Cemelery or cremalory (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Where did injury occur?
Location	Injured at home, farm, Industry, public place (where?)
Chi was It to contain	Means of Injury Injured at work?
18. Funeral director	111111111111111111111111111111111111111
Address & and willing make	22 CICHATURE (Charles Marcher March
Jan 17- 18 End Dragh med	M. D. or other
(Doty ec'd by registror) Registrar	Address Race St. Cambridge Date signed 1-16-48.

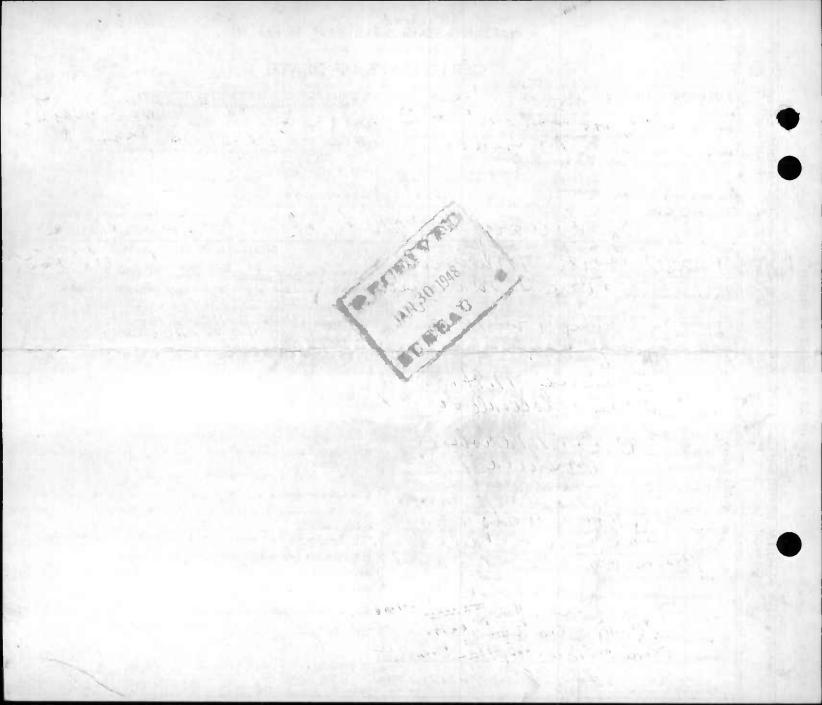


CERTIFICATE OF DEATH

			116
Reg	Dist.	No	

	2411 N. Charles	St., Baltimore	830	
	CERTIFICAT	E OF DEATH	Reg. Diat. No	116
1. PLACE OF DEATH: County City or town limits, write RURAL a How long in above place of death? How long in stitution, or street address where death occurred. How long in hospital or institution?	ari	State	or town limits, write RULAL and give ne	cherle
3. (a) FULL NAME A CIUST	y Mar	shall	3. (b) Social Security	
Male it lutte m	wried	MEI 20. DATE DF DEATH.	DICAL CERTIFICATION	8 25
8 Richards Mashus n.	Marobal give age	and that I last saw h / M. alive Immediate caose of death	1 1 1	19 4 19 4 DURATION
10. Usual occupation Returns (Town, county and state) 11. Industry or business	le Froser			
12. Name Manual	MA:	Other conditions (Include pregns	nney within 3 months of death)	
14. Maiden name	a n A. Touchy	Actorsy results		
Address 17. Bate thereof	(month) (day) (year)	22. VIOLENCE: If death was due Accident, suicide, or homicide	to external causes, fill in the following:	
Location De Aliva Velle Carul	Hampster		City or town) (County) ublic place (where?) Injured at work?	
Address Clius H. Farivell, 7	Machua MA	23 SIGNATURE	the & Hund	brother 1A

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2411 N. Charles St., Baltimore

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	CERTIFICATE OF	DEATH	Reg. Dist. No	116
1. PLACE OF DEATH: County	and give nearest town) City or tow Street No	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland Couoty Dorchester City or town Rural-Cambridge (If outside eity or town limits, write RURAL and give nearest town) Street No. Cornersville-RFD # 3 (If rural, give LOCATION) 2.(a) It voteran, name war. 3. (b) Social Security Number		
3. (a) FULL NAME John Brem	wood Moore			Number
4. Sex 5. Color or race 6.(a) Single, marrie Male White Marri	i.ed, widowed, or divorced		ertification ery 29, 1948	7:30
81 4 14	e, give age years 6 Immediate Immediatehrs. min.	ast saw h allve on locause of death Assult	1/27 Little List relief	19 44. 19 44. DURATION
9. Birthplace. RFD # 3, Dor. Co., (Town. county, and atate) 1D. Usual occupation. Carpenter 11. Industry or business House 12. Name Hiram W. Moore 13. Birthplace Dor. Co., Maryla: 14. Malden name Caroline Dayton	Due to Dither condi	itions aut Annchi		
14. Maiden name Caroline Dayton 15. Birthplace Dor. Co., Marylan 16. Informant Mrs. John Moore Address RFD # 3, Cambridge,	Maryland	esults		statistically.
Burial Date thereof. Jan. 31, 1948 (Burial, cremation, or removal. Which?) (month) (day) (year) Cometery or crematory. Greenlawn Cemetery Location Cambridge, Maryland		inicide, or homicide	(County)	(State)
18. Funeral director LeCompte's Funeral Address Cambridge, Maryland 19. (Date ree'd by registrar)	d.	TURE My Stale	tnjured at work?	1/29-16:41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The



2411	N.	Charles	St	Baltimore
W . S . W	440	CHARLICE	~~,	Maittenante

CERTIFICA	TE OF DEATH Reg. Dist. No	116	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Dorchester Cambridge	State Maryland County Dorcheste	r	
Clly or lown. Cambridge (If outside city or town limits, write RURAL and give nearest town) 47 Years	City or town		
How long in above place of death?	(If outside eity or town limits, write RURAL and give nea 417 Maryland Ave.	rest town)	
Hospital, Institution, or street address where death occurred: 417 Maryland Ave.	Street No. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
J. Howard Phillips	3. (b) Social Security	Number	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	20. DATE DF DEATH January 5, 19 48	10:45P	
6,(b) Name of husband or wife Sallie E. Delaha	21. 1 CERTIFY That death occurred on the date above stated: That I allended decea		
7. Sirth date of Tanna 5 7 0774	and that I last saw h.domallve on		
deceased (mo., day, yr.) June 5, 1874 8. AGE: Years Months Days II less Than one day	Immediate cause of death	OURATION	
73 7hrs	Hopertanine Carlis-Varula Diesa	2	
	Trapelantice Garage - Jacobs Detail	3 9200	
9. 9irthplace Salem, Dor. Co., Maryland (Town, county, and atate)	Due to	***************************************	
1D. Usuat occupation. Carpenter	Due to		
11. Industry or business Contractor			
12. Name John C. Phillips 13. Birthplace Maryland	Dither conditions		
14. Malden name Catherine Marshall 15. Birthplace Maryland	(Include pregnancy within 8 months of death)		
15. Birthplace Maryland	Major findings of operations		
16. Informant Mrs. Sallie D. Phillips	Autopsy results.		
Address Cambridge, Maryland.	PHYSICIAN: Please moderline the cause to which death should be charged		
	22. VIOLENCE: If death was due to external causes, fill in the following:		
Burial Burial Date thereof Jan. 8, 1948 (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Dorchester Memorial Park	Where did injury occur?		
Location Cambridge, Haryland	Injured at home, farm, Industry, public place (where?)		
18. Funeral director LeCompte's Funeral Service	Mssns of Injury tnjured at work?		
Address Cambridge, Maryland.	23. SIGNATURE Lila Orem huedith, M.D.		
	M. D. 6	or other	
19. Jan 9- 19 48 John Trace min (Date of dy registrar) Registra	Address & ambuile, harled Date signed.	Jan. 8, 1848	

WITH UNFADING INK. Supply every item of information carefully. The co-important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, is especially

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

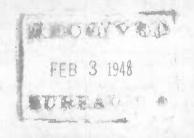
1. PLACE OF DEATH: Nochestes	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Manyland County Alone
(If outside city or town limits, write RUAAL and give nearest town)	0 0
How long In above place of death? 40 years	(If outside city or town limits, write RURAL and give negrest town)
Hospital Institution, or stylet address where death occurred:	HILL HELL SILL THE
Cambride Ma. Hospital	Street No. (If rural, give LOCATION)
How tong in hospitat or Institution? O 4 weeks!	2.(a) If beleran, name war would wan ##
3. (a) FULL NAME Pursuel H. Robins	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white manied	20 10 24-1
married	20, DATE OF DEATH. 19.4 at .3.1
8.(b) Name of husband or wife Yettee Elsey	21. LEFRTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of nuspand or wife	June 13 1847 10 January 2918 48
7. Birth date of San Garage San G	Shorthall last can h 1 th alive on January 29 1 18 48
deceased (mo., day, yr.) / 03 29- /90 /	Immediate cause of death
8. AGE: Years Months Daye If less than one day	Immediate Cause of death
40 2 0hrsmin.	Mutile millione Man
11. 0	
9. Birthplace	Due 10
(Town, county, and state)	
10. Veual occupation.	Due to
11, Industry or businese	
	Other and Horn
12. Name Sur Co	Other conditions
	(Include pregnancy within 3 months of death)
14. Malden name. Cloud daylor 15. Birthplace Dallad	
5 15 Birtheless Falta	Major findings of operations
21 13. Birmprace	Date of op.
16, Informant	Autopsy results
Address Cambridge ma	
Burial 0 1 31-1945	22. VIOLENCE: If death was due to externat causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	Accident, eulcide, or homicide
() a la Manufera Torre	Whera did Injury occur?
Cemetery or crematory	
Location Location	tajured at home, farm, industry, public place (where?)
Remelia Dione	Meane of Injury Injured at work?
18. Funeral director	1006 1010 1 70
Address cereptreffe of a	on construct I Marke Collection of
Jan 31 4 (8. 2. 15	M, D, or other
19. (Date rec'd by registrar)	Address Cavaluidge, Phacyland Date signed 1-30.48

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cisecially important. Physicians: please write the causes of death clearly and legibly.

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DI ACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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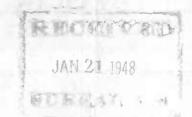
2 HOURS DECIDENCE (LICARE) OF DECEASED

00453

CERTIFICATE OF DEATH

as Diat No 1/10

City or town. City or town. City or town. City or town imits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: Crooks and	(For newborn infants give residence of mother) State Maryland County County City or town Aladada — Renal (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If reteran, name war.	
3. (a) FULL NAME Charles Z. Spear	3. (b) Social Security Number	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Male White Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH. January 15 19.48 21.10:25 A. N	
8, (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19	
Location Man Rhodesdale Maryland 18. Funeral director J. J. Framptom Land Address Externalsburg Maryland	Injured at home, farm, industry, public place (where?) Means of Injury 1njured at work? 23. SIGNATURE	
19. anuay 17- 19 48 Classo Harlut	Address Starklown Ned Date signed /16/49	



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(Date rec'd by registrar)

Address

MARVIAND	STATE	DEPARTMENT	OF	HEALT
MARILAND	SIAIL	DEFARIMENT	Ur	DEALI

2411 N. Charles St., Baltimore

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00454

M. D. or other

. Date signed

CERTIFICAT	E OF DEATH	Reg. Diat. No. 116
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF Countries of the contribution of the countries of the countrie	write RURAL and give nearest town)
Now long in hospital or institution?	2.(a) ti veteran, name war	LAID
3. (a) FULL NAME Www, Edward Fre	\$0	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
male whate married	20. DATE DF DEATH You 6	18 9F.
8.(b) Name of husband or wife Eduth Hayward 6.(c) It alive, give age years	21. I CERTIFY that peath occurred on the date abo	ve stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 7-19-1910		DURATION DURATION
8. AGE: Years Months Days It less than one day	Immediate cause of death	DURATION / Z
9. Birthplace	Due to	seem / Jan
1D. Usual occupation.	Bue to	
11. industry or business 12. Hame Reclara Trego 13. Birthplace	Diher conditions	
14. Maiden name Matilda Ceppleyarth 15. Birthplace 16. Birthplace	(Include pregnancy within 3 m	nonths of death)
16. Interment Mrs Elith Dresso	Autopsy results	ich death should be charged statistically.
Address 17. Date thereot. Gare 9-/91 (Burial, cremation, or removal. Wijeh?) Cemetery or crematury. Causefully March Causefully March	22. VIOLENCE: It death was due to external cau Accident, suicide, or homicide	Date of (County) (State)
Location	Msens of injury	Injured at work?
18. Funeral director. Celevilly . Maries	magns or injury	injuies at work!

23. SIGNATORE

Registrar Address.



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00455

CERTIFICATE OF DEATH

Reg. Diat. No. // 6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
county Dorchester			
City or town Cambridge Ind. (tf outside city or town limits, write RURAL and give nearest town	state Maryland county Cecil		
(If outside city or town limits, write RURAL and give nearest town how long in above place of death?5			
How long in above place of death?	(If outside city or town timits, write KUKAL and give hearest town)		
Eastern Shore State Hospital	Street No.		
How long in hospital or institution?5months24days			
3. (a) FULL NAME	3. (b) Social Security Number		
George Edward Trowbridge	unknown		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male white married	20. DATE OF DEATH Jenuary 7 1948 2:30 p.s		
5.(b) Name of husband or wifeMaudeAdams Thowbridge	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	111117 / 10 /8		
7. Birth date of	and that I last saw h. im alive on January 7 1948		
deceased (mo., day, yr.) unknown Mg /8 / 18 @	Immediate cause of death Chronic Myocarditis DURATION		
8. AGE: Years Months Days If less than one day	and myocardial degeneration more than		
80 78? 4 20hrs.	min. 6 months		
Port Deposit Cecil Co Meruland			
s. Birthplace Port Deposit, Cecil Co., Maryland (Town, county, and atate)	N Committee Comm		
10. Usual occupation Stationary engineer	Due to		
	Due to		
11. Industry or business			
12. Name Edward Trowbridge	Other conditions		
13. Birthplace Connecticut	(Include pregnancy within 3 months of death)		
14. Malden name Mary Jones			
14. Malden name Mary Jones 15. Birthplace Maryland	Major hodiogs of operations		
≥ 15. Birthplace Maryland	Date of op.		
16. Informant. Eastern Shore State Hospital Reco	Ond.S Autopsy results		
Address Cambridge, Maryland			
	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (yet	ar) Accident, suicide, or homicide		
Cemetery or crematory & Allewell's	Where did Injury occur?		
cemetery or cremature.			
Location Lout Defroit, M. Chu	Injured at home, farm, Industry, public place (where?)		
18. Funeral director Latter du Catter Son Has	Msans of Injury Injured at work?		
Address Terryville, Will.	23. SIGNATURE THE PARAMENT M. L.		
19 Jan. 8 18 48 Jan many:	Grace M. Branscombe M. D. of other		
(Date rec'd by registrar)	egistrar Address E.S.S.H. Cambridge, Md. Date signed 1/7/48		



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 56 116

931

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME Laura Ellen	Waters 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female Negro Widow	20. DATE OF DEATH 1948 at \$ 20 M
6.(b) Name of husband or wife Wm B. Waters	2f. I CERTIFY that death occurred on the date above stated; that I allended deceased from
7. Birth date of	and that I last saw h. R.K. alive on
deceased (mo., day, yr.) An 10 187 to	Immediate cause of death Andiac Anily Re DURATION
8. AGE: Years Months Days It less than one day	1 3 days
9. Birthplace Fairmount Som. Co. Ma	Due to Authorio 3 er least co
10. Usual occupation HQUSEVVIXE	Due to
11. Industry or business Home	
12. Name John David Maddox 2 13. Birlhplace Fairmount Som. Co Md	Other conditions
2 13. Birthplace Fairmount Som. Co Md	
14. Malden name On Knowy	(Include pregnancy within 3 months of death)
	Major findiogs of operations
1 1 1	Date of op
16. Informant Dulu Conolly dy	Aatopsy results
Address Cambridge Dor. Co. Md	PHYS1CIAN: Please underline the cause to which death should be charged statistically.
Burial 8 1 12m 7 194	22. VIOLENCE: It death was due to external causes, till in the following;
17. Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory W Buch Cemetery	Where did injury occur?
Location Campridge 1/or-Co./Md	Injured at home, farm, Industry, public place (where?)
1/-M Dellair & Don	Means of injury Injured all work?
Address Address M	Van Dasser Ton
(free, 7 - 48 Holeman D.	23. SIGNATURE.
19. (Date rec'd by registrar) Registra	Address 3M W/ M. St. Cambal de late signed /-6-48



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00457

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Dorchester City or town Rural-Hoppersville (If outside city or fown limits, write RURAL and give nearest town) How long in above place of death? 10 Years Hospital, institution, or street address where death occurred: Hoopersville How long in hospital or institution?		rsville mits, write RURAL and give nearest town) Years death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Dorchester City or town Rural-Hoopersville (If outside city or town limits, write RURAL and give nearest town) Hoopersville (Ifrural, give LOCATION) 2.(a) If veteran, name war.	
3. (a) FULL NAM		mah Tahmaan Waadlan	3. (b) Social Security Number	
4. Sox	5. Color or race	rah Johnson Woodlan		
Female	White	Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. January 25, 19 48 10:30A	
6.(b) Name of husband (Died Dec 7. Birth date of deceased (mo., day.	c. 1938)	A • Woodland 6.(c) It alive, give ageyear 7, 1869	21. I CERLIFY that death occurred on the date above stated; that I attended deceased from	
8. AGE: Year		Days It less than one day 8min	Cardio Renal Vuenta	
	shops Hea	d, Dor, Co., Md.	Due to.	
11. Industry or busines			Duo to	
12. NameW	esley Joh Maryland	nson nn Lewis	Other conditions Cerebral Hemritary 5 days (Include pregnancy within 3 months of death)	
	Maryland	TOTAL CONTROL OF THE PARTY.	Major findings of operations	
		t Parks , Maryland.	Actopsy results	
Burial (Burial, cremation	1 n, or removal, Which?) ory Mt. Ol	Date thoroof Jan. 28, 194 (month) (day) (year) ive Cemetery		
Location Ba	ltimore,	Maryland.	Injured at home, farm, industry, public place (where?)	
Address C		Maryland. Acute Registral	23. SIGNATURE Cense & Meade M. D. prother	

